FORMSFORE ESED BY A FRISON ERCHMENT IN EIGHT SECONDELAINT

IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

	cisco Hernandez 19.09. 202 of Plaintiff) (Inmate Number)	: :					
99 wa (Addres	ter St. Willes Barre PA 18702 (58)						
(2)(Name of	of Plaintiff) (Inmate Number)	(Case Number)					
(Addres	rs)	: ccc/cA					
	med party must be numbered, names must be printed or typed)	:					
	vs.	: CIVIL COMPLAINT					
(1) (Orre	Ctional Officer Paul Richards	•					
(2) Sgt.		FILED HARRISBURG, PA					
(3) <u>Lī, l</u> (Names o	of Defendants)						
	med party must be numbered, ames must be printed or typed)	JUL 0 3 2020 Per Deputy Clerk					
	·	U.S.C. § 1983 - STATE OFFICIALS S.C. § 1331 - FEDERAL OFFICIALS					
I. PRE	VIOUS LAWSUITS						
A.,		eral court while a prisoner, please list the caption and case ne of the judicial officer to whom it was assigned:					
	2017-2018 in the State	of Virginia the rest of the					
		at the time					
		Received to Sec.					
		Received in Supreme Court JUL 0 1 2020					
		Middle					

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In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action. Is there a prisoner grievance procedure available at your present institution? \(\sqrt{Yes} \) No A. Have you fully exhausted your available administrative remedies regarding each of your present В. claims? \(\sqrt{Yes} \) No C. If your answer to "B" is Yes: 1. What steps did you take? I Filed numerous of Request and 2. What was the result? Unanswered one of the Request was answered but to no avail for the answer refused to allow me to call internal Affairs and grivance was never returned If your answer to "B" is No, explain why not: D. **DEFENDANTS** III. (1) Name of first defendant: Paul Richards Employed as Correctional Officer at Luzerne County Correctional Facility Mailing address: 99 water St Wilkes Barre PA 18702 (2) Name of second defendant: AlForc Employed as Sergant at Luzerne County correctional Facility Mailing address: 99 water St wilkes Barre PA 18702 (3) Name of third defendant: Kane at Luzerne County Correctional Facility Employed as Lieutenant Mailing address: 99 water 5+ willces Barre PA 1870a (List any additional defendants, their employment, and addresses on extra sheets if necessary) IV. STATEMENT OF CLAIM (State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets if necessary.) On June 4th 2020 at approx 12:10 pm - 12:59 pm Correctional 1. officer Paul Richards Came on pad LI to cella Stating get

Case 1:20-cv-01161-CCC-CA Document 1 Filed 07/10/20 Page 2 of 9 EXHAUSTION OF ADMINISTRATIVE REMEDIES

II.

off the phone you've been on it for an hour," I responded

Case	1:20-cv-	01161	-CCC-C	CA Do	cument	1	Filed 0	7/10/20	Page 3	of 9	ninutes
L)U	telling	Dim	LVe	Only	been	Gn	the	Dhone	tor	5 n	ninutes
CA				C				1			

- 2. Where upon he (Paul Richards) unplugged the phone and started whapping up the phone Co-d. I grabbed the phone and requested a scatter of Lt., since everyone else was granted their full phone time, but me. Subsequently, Clo Paul Richards then aggresively
- 3. Snatches the phone, once he realised I was still holding the phone while requesting a stift commander; He then began to maliciously Beat me with the workstill "Extension Cord plus" while yelling, Let go you forming monney Etc. while threatening

V. RELIEF

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

- 1. I will like Compensatory in excess amount of \$114,000 and punitive damages in excess of \$12,000
- 2. I will like a keep seperate against me and all the parties involve and for 1 v2 to be transferred to unother Jall
- 3. I will like Paul Richards to receive disciplanary actions

Statement of Claim

To impact me with the OC pepper spray. Which then resulted with my right pointer finger being severely swollen, along with Blood clots & numerous Lacerations. Subsequently an All Available Was then called and the following Correctional Officers responded Plus some whom I can't recall ! C/o Hall, C/o Jones, C/o Sweet, C/o Scotly Clo Bush, including the caller Paul Bichards. On arrival the following Officers above began to tount me stating, we've been waiting for you to act up, so don't make us come in there and beat you to death. This all was being done while I continiously requested a scit. or Lt., Plus medical to come to my Aid. Subsequently, SGIT. Alford arrived and inquired on what had taken place, I had explained to Him what Co Paul Bichards had done to me. He then asked Paul Richards if my words WERE true, which he then admitted to but tried to justify his actions which weren't justifiable. Bubsequently, Lt. Hane arrived and told me to BE placed in restraint cuffs, I then stated I will only allow you to cost me, because your officers Harrassed me and I don't trust them. Upon me being cuffed with for Cooperation, I was then placed in the Dry Cage; where then SGT. Alford Called Medical to come assist my injuries. My injuries WERE not taken into account or Documentation, and the lesser attempt was taken during treatment to concear my wounds. Even though I kept requesting for them to do so- Subsequently, I was placed buch in My cell with witness Israel Z. Berrios; where I then continued to asin for more in depth medical attention due to severe pain and a tingling uncomfortable Feeling - I was continiously denied , @ 1506 hrs. second shift came and I was still requesting medical, and finally Co P. called the norse station, where then a norse arrived

With an ibuprofer Reduce Swell pill, and then stated I will call the obctor and let him know with lack of Emotion or Care.

I was then Left in severe pain and discomfort, until the overnight shift came. I then asked emother Correctional Officer name non applicable, to call medical and I explained to him why my hand was the way it was. Approximately 20 minutes later a kind female nurse came, and observed my wounds attentively and with care; while stating it booked broke, and that one would let the Doctor knows to schedule me for x-anys. The Also gave me another pill for pain and swelling.

This is a direct account of what took place in the Nates listed, and I ask that it be taken with severe attention, For Constitutional Rights were Violated.

Francisco Hermondey

I declare under penalty of perjury that the foregoing is true and correct.

Signed this Jone day of 16th, 2020.

Hancisco A. Hernander (Signature of Plaintiff)

INMATE REQUEST FORM

PRINT ALL INFORMATION

NAME: Hernandez, Francisco	DATE: 6.16.20
MODULE & CELL NUMBER: 12 Cell	
I REQUEST TO SEE: (PLEASE CIRCLE BELOW)	The first form to be a second of the second
	2 print out of the last 6 months of count For court purposes Thank you
TREATMENT COORD COUNSELOR WORK RELEASE CHAPLAIN D&A THERAPIST PSYCH DEPT MEDICAL PUB. DEFENDER LIBRARIAN/NOTARY BONDSMAN TEACHER	
OTHER DO NO	OT WRITE BELOW THIS LINE
DATE REQUEST ANSWERED:	leducted for print
REFERRAL SENT TO:	Received in Suprema Court JUL 0 1 2020 Middle



Received in Supreme Courl

FORMS TO BE COMPLETED BY PRISONERS FILING A CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983 or 28 U.S.C. § 1331

COVER SHEET

THIS COVER SHEET CONTAINS IMPORTANT INFORMATION ABOUT FILING A COMPLAINT AND YOUR OBLIGATIONS IF YOU DO FILE A COMPLAINT. READ AND COMPLETE THE COVER SHEET BEFORE YOU PROCEED FURTHER.

The cost for filing a civil rights complaint is \$350.00.

If you do not have sufficient funds to pay the full filing fee of \$350.00 you need permission to proceed in forma pauperis. However, the court will assess and, when funds exist, immediately collect an initial partial filing fee of 20 percent of the greater of:

- 1) the average monthly deposits to your prison account for the past six months; or
- 2) the average monthly balance in your prison account for the past six months.

Thereafter, the institution in which you are incarcerated will be required to make monthly payments of 20% of the preceding month's deposits credited to your account until the entire filing fee is paid.

CAUTION: YOUR OBLIGATION TO PAY THE FULL FILING FEE WILL CONTINUE REGARDLESS OF THE OUTCOME OF YOUR CASE, EVEN IF YOUR COMPLAINT IS DISMISSED BEFORE THE DEFENDANTS ARE SERVED.

- 1. You shall file a complaint by completing and signing the attached complaint form and mailing it to the Clerk of Court along with the full filing fee of \$350.00. (In the event attachments are needed to complete the allegations in the complaint, no more than three (3) pages of attachments will be allowed.) If you submit the full filing fee along with the complaint, you DO NOT have to complete the rest of the forms in this packet. Check here if you are submitting the filing fee with the complaint form. ____
- 2. If you cannot afford to pay the fee, you may file a complaint under 28 U.S.C. § 1915 without paying the full filing fee at this time by completing the following: (1) Complaint Form; (2) Application To Proceed In Forma Pauperis; and (3) Authorization Form. You must properly complete, sign and submit all three standard forms or your complaint may be returned to you by the Clerk of Court. Check here if you are filing your complaint under 28 U.S.C. § 1915 without full prepayment of fees.

Please Note: If your case is allowed to proceed and you are awarded compensatory damages against a correctional facility or an official or agent of a correctional facility, the damage award will first be used to satisfy any outstanding restitution orders pending. Before payment of any compensatory damages, reasonable attempts will be made to notify the victims of the crime for which you were convicted concerning payment of such damages. The restitution orders must be fully paid before any part of the award goes to you.

